

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2013</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2013 or fiscal plan year beginning <u>11/01/2013</u> and ending <u>10/31/2014</u>			
A	This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information —enter all requested information			
1a	Name of plan <u>DEFINED BENEFIT PENSION PLAN OF K.A., INC.</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>04/01/1985</u>
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>DEFINED BENEFIT PENSION PLAN OF K. A., INC.</u> <u>1468 WEST 9TH STREET</u> <u>SUITE 600</u> <u>CLEVELAND, OH 44113-1299</u>	2b	Employer Identification Number (EIN) <u>34-1107044</u>
		2c	Sponsor's telephone number <u>216-781-9144</u>
		2d	Business code (see instructions) <u>541310</u>
3a	Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b	EIN
a	Sponsor's name	4c	PN
5a	Total number of participants at the beginning of the plan year	5a	<u>12</u>
b	Total number of participants at the end of the plan year	5b	<u>12</u>
c	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c	
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....	☒ Yes	☐ No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes	☐ No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			
c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	☒ Yes	☐ No ☐ Not determined

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	02/09/2015	ALAN SILIKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1024811	1128884
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1024811	1128884
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	100000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	73237	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		173237
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	61852	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	7312	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		69164
i Net income (loss) (subtract line 8h from line 8c)	8i		104073
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c Was the plan covered by a fidelity bond?	10c	X	500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f Has the plan failed to provide any benefit when due under the plan?	10f	X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b

c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 11/01/2013 and ending 10/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>DEFINED BENEFIT PENSION PLAN OF K.A., INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DEFINED BENEFIT PENSION PLAN OF K. A., INC.</u>	D Employer Identification Number (EIN) <u>34-1107044</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>1024811</u>
b Actuarial value	2b <u>1024811</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>2</u> <u>366195</u>
b For terminated vested participants.....	3b <u>1</u> <u>32908</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>463882</u>
(3) Total active.....	3c(3) <u>9</u> <u>463882</u>
d Total.....	3d <u>12</u> <u>862985</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.10</u> %
6 Target normal cost	6 <u>6707</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>01/27/2015</u>
	Signature of actuary	Date
<u>JAMES W. BUDAI, ASA, EA, MAAA</u>		<u>14-07634</u>
	Type or print name of actuary	Most recent enrollment number
<u>CBIZ RETIREMENT PLAN SERVICES</u>		<u>614-458-2031</u>
	Firm name	Telephone number (including area code)
<u>1840 MACKENZIE DRIVE</u> <u>SUITE 201</u> <u>COLUMBUS, OR 43220</u>		
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	99878
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	99878
10 Interest on line 9 using prior year's actual return of <u>7.90</u> %	0	7890
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		126484
b Interest on (a) using prior year's effective interest rate of <u>6.81</u> % except as otherwise provided (see instructions)		8614
c Total available at beginning of current plan year to add to prefunding balance		135098
d Portion of (c) to be added to prefunding balance		135098
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	242866

Part III Funding Percentages		
14 Funding target attainment percentage	14	90.60 %
15 Adjusted funding target attainment percentage	15	118.75 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.84 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/27/2014	100000	0			
			Totals ►	18(b)	100000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	94327
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	6707	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	81040	13525	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	20232	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	20232	20232
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	94327	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	94327	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE SB ATTACHMENT

Line 26 - Schedule of Active Participant Data

Plan Name: Defined Benefit Pension Plan of K.A., Inc.

EIN/PN: 34-1107044/001

Valuation Date: November 1, 2013

Counts and Compensation. Cells with under 20 participants will not show compensation.

Att. Age:	Years of Credited Service													Total
	Under 1	1	2	3	4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	
Under 25	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	-	1	-	-	-	-	-	1
45 to 49	-	-	-	-	-	-	-	-	-	2	-	-	-	2
50 to 54	-	-	-	-	-	-	-	1	-	1	-	-	-	2
55 to 59	-	-	-	-	-	-	-	-	-	1	-	-	-	1
60 to 64	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65 to 69	-	-	-	-	-	-	-	1	-	-	-	1	1	3
70 & Up	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	3	-	4	-	1	1	9

SCHEDULE SB ATTACHMENT

Part V - ACTUARIAL ASSUMPTIONS

Census Date 11/1/2013

Funding Valuation IRS-Prescribed Three-Segment Rates, for the month that includes the
Discount Rate valuation date (November).
Elections

For minimum required contribution purposes, these rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in MAP-21.

Minimum Required Contribution (adjusted by MAP-21)		Maximum Deductible Contribution (unadjusted by MAP-21)	
Segment I:	4.94%	Segment I:	1.31%
Segment II:	6.15%	Segment II:	4.05%
Segment III:	6.76%	Segment III:	5.05%

The PPA Funding Target effective rate for minimum required contribution purposes for the 2013 Plan Year is 6.10%. Last year, this rate was 6.81%.

Mortality Elections (Healthy) 2013 IRS Prescribed (1.430(h)(3)-1) optional combined annuitant and nonannuitant mortality tables, for males and females.

Mortality Elections (Disabled) N/A

ASC 960 Assumptions N/A

Salary Scale N/A – The plan is currently frozen

Taxable Wage Base Increase Assumption N/A

Inflation N/A

Expenses Expenses for the upcoming Plan Year are assumed to be equal to last year's actual administrative expenses. For the plan year beginning November 1, 2013 Plan Year, this amount is \$6,707.

Expected Return on Assets N/A – A smoothing method is not used to calculate the Actuarial Value of Assets

SCHEDULE SB ATTACHMENT

Part V - ACTUARIAL ASSUMPTIONS

Withdrawal Rates	None assumed
Disability Rates	None assumed
Retirement Rates	Participants are assumed to retire when they have attained age 65 and attained 5 years of service.
Benefit Commencement Age	Active retirements – age 65 and 5 years of service; Current deferred vested – age 65; Future deaths – age 65.
Marriage	50% of active males and 50% of active females are assumed to be married.
Spousal Age Difference	Females are assumed to be 3 years younger than males
Form of Payment	Non-highly compensated participants are assumed to receive a lump sum upon retirement. Highly compensated employees are assumed to elect the normal form of benefit as defined in the plan document. For married participants, this is an actuarially equivalent 50% joint and survivor Annuity. For unmarried participants, this is a straight-life annuity with 120 payments guaranteed.
Changes in assumptions since the last valuation	<p>The interest rates were updated from 2012 to 2013 in accordance with PPA.</p> <p>The mortality tables were updated from 2012 to 2013 in accordance with PPA.</p> <p>The expense load was changed to \$6,707 from \$8,078 to reflect the actual administrative expenses for the prior year.</p>

SCHEDULE SB ATTACHMENT

Part V - SUMMARY of METHODS

Actuarial Cost Method

The actuarial cost method used to determine the liabilities for the minimum funding calculations was the traditional unit credit (TUC) cost method. The objective under this method is to fund each participant's benefits under the plan as they accrue.

Under the TUC cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date taking into account service and/or pay as of the valuation date.

Under the TUC cost method, the normal cost is the sum of the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit expected to accrue in the plan year being valued.

The plan is currently frozen so there is no normal cost attributable to benefit accruals.

Asset Valuation Method

We used financial data submitted by the trustee as of the valuation date without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.

The actuarial value of assets is equal to the market value of assets as of the valuation date.

Changes in methods since the last valuation

None.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 11/01/2013 and ending 10/31/2014

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan DEFINED BENEFIT PENSION PLAN OF K.A., INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DEFINED BENEFIT PENSION PLAN OF K. A., INC.	D Employer Identification Number (EIN) 34-1107044	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a	1024811	
b Actuarial value	2b	1024811	
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	2	366195
b For terminated vested participants.....	3b	1	32908
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		463882
(3) Total active.....	3c(3)	9	463882
d Total.....	3d	12	862985
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			4b
5 Effective interest rate	5		6.10%
6 Target normal cost	6		6707

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	JAMES W. BUDAI, ASA, EA, MAAA <div style="text-align: center;"> Signature of actuary </div> JAMES W. BUDAI, ASA, EA, MAAA <div style="text-align: center;"> Type or print name of actuary CBIZ RETIREMENT PLAN SERVICES Firm name </div> 1840 MACKENZIE DRIVE SUITE 201 COLUMBUS OR 43220 <div style="text-align: center;"> Address of the firm </div>	<div style="text-align: center;"> 01/27/2015 Date 1407634 Most recent enrollment number 614-458-2031 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	99878
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	99878
10 Interest on line 9 using prior year's actual return of <u>7.90%</u>	0	7890
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		126484
b Interest on (a) using prior year's effective interest rate of <u>6.81%</u> except as otherwise provided (see instructions)		8614
c Total available at beginning of current plan year to add to prefunding balance		135098
d Portion of (c) to be added to prefunding balance		135098
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	242866

Part III Funding Percentages		
14 Funding target attainment percentage	14	90.60 %
15 Adjusted funding target attainment percentage	15	118.75 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.84 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/27/2014	100000	0			
Totals ►			18(b)	100000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	94327
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76%	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	6707	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment.....	Outstanding Balance	Installment	
	81040	13525	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	20232	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	20232	20232
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	94327	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	94327	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE SB ATTACHMENT
Line 19 - Discounted Employer Contributions

Plan Name: Defined Benefit Pension Plan of K.A., Inc.

EIN/PN: 34-1107044/001

Valuation Date: November 1, 2013

Total Contributed: \$ 100,000.00

Total Discounted to Valuation Date: \$ 94,327.00

Date	Amount	Plan Year	Effective Rate of Interest	Amount Discounted	Penalty Rate of Interest	Additional Amount Discounted	Present Value on Date of Valuation
10/27/2014	100,000	2013	6.10%	5,673	0.00%	-	94,327

SCHEDULE SB ATTACHMENT

Line 22 - Weighted Average Retirement Age

Plan Name: Defined Benefit Pension Plan of K.A., Inc.

EIN/PN: 34-1107044/001

Valuation Date: November 1, 2013

Each participant is assumed to retire at his/her normal retirement age of 65.

SCHEDULE SB ATTACHMENT

Part V - SUMMARY of PLAN PROVISIONS

Plan Effective Date	April 1, 1985. The plan was last restated effective November 1, 2011.
Status of Plan	The plan is currently frozen and no new accruals are being granted.
Eligibility Requirements	First day of the Plan Year after attaining age 21, and following completion of 1 year of service. Participation was frozen 10/31/99.
Vesting	Five-Year Graded. 20% vesting in the accrued benefit for each year of service, 100% vesting after five years of service.
Accrued Benefit Formula	<p>Benefit formula equal to the summation of:</p> <ul style="list-style-type: none">(1) 12.5% of Average Compensation up to your Covered Compensation(2) 25% of your Average Compensation in excess of the integration level(3) <p>This benefit is reduced for less than 25 Years of Service.</p> <p>Plan benefits frozen November 15, 1993.</p>
Average Compensation	Average Compensation is the highest consecutive five year average of calendar year compensation. Compensation earned after November 15, 1993 is not considered.
Credited Service	One Year upon working 1,000 hours in a Plan Year. Service earned after November 15, 1993 is not considered.
Vesting Service	One Year upon working 1,000 hours in a Plan Year.
Normal Retirement Age	Upon attainment of 65 and five Years of Service.
Early Retirement	None offered under the plan.
Disability Retirement	<p><u>Eligibility:</u> Upon disablement, as determined by a physician, for a period of 6 months.</p> <p><u>Benefit:</u> Actuarial Equivalent of Vested Accrued Benefit.</p>
Pre-Retirement Death	<p><u>Eligibility:</u> Upon earning 5 Years of Service.</p> <p><u>Benefit:</u> The Present Value of the Vested Accrued Benefit.</p>

SCHEDULE SB ATTACHMENT

Part V - SUMMARY of PLAN PROVISIONS

Normal Form of Payment	Unless otherwise elected, the benefit payable a participant who has been married at least one year is an actuarially equivalent 50% Joint and Survivor benefit. For unmarried participants, the Normal Form is a straight-life annuity with 120 payments guaranteed.
Optional Forms	Benefits may be elected from: <ul style="list-style-type: none">• 50%, 66 2/3%, 75% and 100% Joint and Survivor• Period Certain and Continuous• Installments• Lump Sum• Straight Life Annuity
Optional Form Conversion Factors	<p>Lump sums are determined using the applicable interest rates defined in Code section 417(e)(3) for the first month prior to the plan year in which the benefit is going to be paid, and the applicable mortality for the plan year.</p> <p>Optional forms of benefit, other than the lump sum, are determined using the following assumptions:</p> <p>Pre-retirement mortality: None Pre-retirement interest rate: 7.50% Post-retirement mortality: 1971 Group Annuity Mortality Table set back 3 years Post-retirement interest rate: 7.50%</p>
Changes in Plan Provisions since the last valuation	None.

SCHEDULE SB ATTACHMENT

Line 32 - Amortization Bases Used in the Valuation

Plan Name: Defined Benefit Pension Plan of K.A., Inc.

EIN/PN: 34-1107044/001

Valuation Date: November 1, 2013

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
11/1/2013	7	7 year	81,040	13,525